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ABSTRACT

While drunk driving has become widely recognized as a serious social problem with deadly consequences, no systematic research has been undertaken to identify the principal components of service delivery programs offered by citizen action groups in the drinking and driving movement. Mothers Against Drunk Driving (MADD), founded in 1980, now has a grass roots constituency of some 600,000 members. This study examined the various components of MADD local chapter activity. Interviews at local MADD chapters and discussions with directors at MADD's central office resulted in the development of a survey instrument which was completed by personnel at 212 local MADD chapters. A majority of respondents reported placing heavy emphasis in chapter activities on information dissemination and education. Victim assistance and establishing speakers bureaus were also rated as high priorities. Chapter leaders were predominantly victims of alcohol-related traffic accidents. Very few chapters reported making referrals to professionals for assistance; when they did, lawyers tended to be the referral of choice. MADD chapters appeared to be mostly content with their program emphases. The majority of respondents reported strong legal penalties to be the most effective deterrent to drunk driving; respondents offered little support for rehabilitation as a solution to the drunk driving problem. (Twenty-seven data tables are included.) (NB)

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REPORT FROM THE

DRUNK DRIVING PREVENTION PROJECT

CG 020185

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ASSESSING THE EFFECTS OF GRASS ROOTS DRUNK DRIVING PREVENTION PROGRAMS: FIRST FACTS

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Abstract

To date, no systematic research has been undertaken to identify the principal components of service delivery programs offered by citizen action groups in the drinking and driving movement. Data derived from the first portion of a three part study are presented here.

INTRODUCTION

Drunk driving has, in recent years, become widely recognized as a serious social problem with deadly consequences. The Presidential Commission on Drunk Driving (1983) notes, for example, that 50 percent of all highway deaths--over 26,000 annually--involve the irresponsible use of alcohol. During the past ten years, 250,000 Americans have lost their lives in alcohol-related crashes; one death occurring on average every 23 minutes. Estimates of the annual economic loss due to these accidents have been conservatively placed at $21 billion. In single vehicle fatal crashes, upwards of 65 percent of those drivers who died were legally under the influence (blood alcohol levels at or above .10%). Furthermore, more than half of the drunk drivers involved in fatal crashes had blood alcohol concentrations twice the legal limit.

Teenagers and young adults are among the groups most heavily affected by drinking and driving. Each year, 8,000 teens and young adults are killed and 40,000 seriously injured in alcohol-related driving accidents. Forty-four percent of nighttime alcohol-involved fatalities are caused by drivers 16 through 24 years of age.

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Over the past six years a variety of grass roots organizations have been initiated in the U.S. to counter the threat posed by drinking and driving. Groups such as AAIM (Alliance Against Intoxicated Motorists), BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students), MADD (Mothers Against Drunk Driving), RID (Remove Intoxicated Drivers) and SADD (Students Against Driving Drunk) have developed their own distinct approaches designed to educate the public about the effects of drinking and driving. These approaches have been multi-faceted in nature, most commonly focusing on developing awareness through the use of the mass media, assisting legislators to implement tougher laws, promoting the use of education and curriculum guides in colleges and secondary schools, supporting the institution of sobriety checkpoints, and initiating court monitoring and victim witness programs (Golden, 1983).

Despite the rapid growth of citizen action organizations, systematic research concerning them is lacking. Several studies are currently under way which articulate the major components of the drunk driving movement from a social movement perspective (McCarthy, 1984; Ritchey and Daniels, 1983; Reinarman, 1985; Weed, 1985). However, to date, no systematic research has been completed identifying the service delivery approaches employed by the various grass roots organizations. Neither has any attempt been made to examine either the manner of implementation or effectiveness of the many components of the service delivery systems devised by these programs.

OVERVIEW OF THE DRUNK DRIVING PREVENTION AND DETERRENCE MOVEMENT

Since 1978, the five major drunk driving citizen action groups--AAIM, BACCHUS, MADD, RID and SADD--have taken a leading role in the nation's war on drinking and driving. As a whole, this period has evidenced a sharp increase in the amount of popular and legislative activity devoted to the issue. Within a twelve-month period in 1983, for example, 41 states established governmental and/or community-based task forces or commissions to examine the DWI problem and 39 revised their drinking and driving laws. (Presidential Commission, 1983). In July, 1984, a bill initiated in the House of Representatives and widely supported by citizen action groups nationally moved rapidly through Congress and into approval by the President. As a result, a federally mandated 21-year-old drinking age was established. In effect, this new law (PL98-383) required states to raise their drinking age to the prescribed minimum or face loss of significant portions of their national highway subsidies.

As Federal legislation shifts the legal impact, the media shapes public perception in publicizing support for the drinking and driving issue. Recent findings from a major study by the Information Access Corporation, for example, indicate that significant growth occurred in stories indexed under the heading "drunk driving" beginning in 1981.

Additionally, the Presidential Commission on Drunk Driving notes that due to "the efforts of grass roots organizations and enlightened gov-

ernmental leaders, the level of awareness of the drinking and driving problem [among the general public has already become] significantly elevated." This, in turn, has made the social environment ripe for "undertaking major innovative educational efforts" to reduce drunk driving (Presidential Commission, 1983). The Presidential Commission by itself added to the momentum of the drinking driving prevention and deterrence movement: its blueprint for change has provided important recommendations in developing state and local task forces, mechanisms for establishing self-funding, and approaches promoting involvement of the private sector in long-term educational efforts.

OVERVIEW OF DRUNK DRIVING RESEARCH

Laws prohibiting drinking and driving came into effect almost simultaneously with the appearance of the automobile. The systematic study of the relation between alcohol and traffic safety, however, has occurred only within the past thirty years--in many ways a product of the development of chemical tests for measuring levels of blood alcohol (Hoffman, 1973, Gusfield, 1981).

In 1950, the first international conference on alcohol and road safety was held in Stockholm. Studies presented at that conference suggested that alcohol sufficiently impaired driving performance to result in poor and dangerous driving. During the 1960's, numerous studies concerned with blood alcohol content in drivers, passengers and pedestrians were completed (Haddon and Bradess, 1959, Waller and Turkel, 1966.) Additional studies examined the demographic, social, cultural and medical characteristics of drunk drivers. The data suggested that drunk drivers might be different from the general population (Cooper and Mozersky, 1968). In 1968, the U.S. Department of Transportation issued a statement that alcoholics and other problem drinkers account for a very large part of the problem. A series of studies analyzing the accident patterns of treated alcoholics verified this statement (Selzer, 1961, 1969; Selzer and Weiss, 1966).

GOVERNMENT INTERVENTION IN THE MOVEMENT TO DETER DRINKING AND DRIVING

The seriousness of the drunk driving problem in America led the federal government to organize a major nationwide program of Alcohol Safety Action Projects (ASAP) at 35 sites in the ealy 1970's. Costing nearly $80 million, these programs were designed to demonstrate the feasibility and practicality of a systems approach to saving lives. Large scale deterrence efforts including increased police patrols, arrests, higher conviction rates and swifter processing by the courts were all part of the new safety action approach. Traffic safety outcome evaluations of the effectiveness of these programs, however, were mixed and the most prevalent findings indicated no substantial impact on the primary targets of the program. (Johnson, et al., 1976; Zador, 1976, 1977).

The Safety Programs were essentially targeted at the known alcohol

problem group. Once identified, these serious drinkers could be monitored and then tracked into appropriate treatment groups. While efforts were made to provide treatment for recidivists, statistics remained high on alcohol-related crashes. Attempts to assess the most productive elements of the ASAP were thwarted by poor statistical reporting and lack of adequate control groups. It is possible that the beginning of the citizen action movement resulted from an important void left by the termination of government's ASAP project. (U.S. Dept. of Transportation, 1979).

AN INTRODUCTION TO MADD

Mothers Against Drunk Driving was started in May of 1980 by Candy Lightner after one of her daughters was killed by a hit and run drunk driver. Appealing to the general public through the mass media and grass root organizing, MADD grew during its first years from a base of a few sympathetic households in northern California to a major non-profit entity. With an annual budget of $7.9 million and 385 chapters in forty-nine states, MADD built a grass roots constituency of some 600,000 members in the U.S., Canada, England and New Zealand (Schaet,1986).

MADD experienced explosive growth during its first three years in expanding its outreach and number of chapters. Although only 11 chapters existed in 1981, seventy were operating in the fall of 1982. By early 1983, 122 communities had organized chapters, and by the spring of 1984, 262 chapters were active. In January, 1985, MADD had 320 chapters over 44 states (Reinarman,1985). Using personal funds to initiate its nonprofit charter, MADD was able to receive a $65,000 grant from the National Highway Traffic Safety Administration followed by a $100,000 private foundation grant. Since 1982, MADD has had strong citizen action support with a direct mail solicitation of several million dollars per year.

An award winning film, "The Candy Lightner Story" has catapulted MADD into the national television arena, offering as it did a victims perspective on the drunk driving dilemma and background for a nation-wide citizen movement. After this tremendous media attention, MADD moved its main headquarters from California to Texas. Congressman Jim Wright was instrumental in this move in addition to a suggestion of raising the national drinking age to 21. In 1983, Representative James Florio and Senator Richard Lugar introduced the 21 bill (PL 98-363). In December of that year,the Presidential Commission Against Drunk Driving, to which Candy Lightner was appointed, recommended federal legislation to withohold highway funds from states not raising their drinking age.

By June of 1984, the bill passed Congress, President Reagan ratifying the document one month later. With the aid of Remove Intoxicated Drivers (RID) a deterrence-oriented group based in New York, 300 new drunk driving laws have been passed nationwide since 1983 (Aiken, 1985). Several researchers claim that MADD and RID have provided the

Reagan administration with a terrific "apple pie and motherhood issue" ready made for their attempt to swing the nation's political mood to the right (Reinarman, 1985; Ritchie and Daniels, 1984).

Most unique to MADD is the Victim Assistance Program. Staffed by social workers and mental health professionals, the program stands at the forefront of MADD's outreach into local communities. This intervention offers step by step advice to victims confronted with drunk driving crises. This particular program offers the first systems approach where interdisciplinary professionals are faced with crisis referrals in the drunk driving trauma.

ORIGINS OF THE PRESENT STUDY

The UCI-Integrated Research study was designed in collaboration with MADD staff, directors and constituents in an effort to examine the various components of local chapter activity. Research studies from Scandinavia discuss the efficacy of tough legislation for driving while intoxicated. This legislation includes BAC levels, compulsory blood tests and sobriety checkpoints (Ross, 1985). MADD has adopted very similar positions with regard to legislation, court monitoring, information dissemination, publicity and education in the schools. There is strong indication that certain laws do provide a deterrent effect on the level of drinking and driving (Klette, 1978; Persson, 1978; Snortum, 1978). The effect seems to be one of perceived threat of punishment--both severe and certain. The literature is equally convincing in describing these deterrent effects as being short-lived. In the case of drinking driving behavior in Norway, educational programs may have played a more important role in a shift in attitude than some of the newly enacted laws (Ross, 1975).

In addition to assessing the most useful components of a citizen activist organization, our study looks at long term goals of chapters and their approach to the most effective deterrence measures. Mandatory jail, television awareness, strong penalties for offenders, rehabilitation and safe rides are a few of the components in our evaluation study.

METHODOLOGY

Formative Stages of the Study

This evaluation study has been designed to examine the various components of Mothers Against Drunk Driving. The first phase of our research involved visiting the headquarters of MADD in Hurst, Texas.

Interviews were then conducted with directors, staff and board members of the national office about the goals and objectives of their organization. After several meetings, a profile of MADD as a citizen activist organization was developed (Ungerleider and Conner, 1984).

The second phase of the research process focused on developing and

pilot-testing an eight page survey questionnaire designed to elicit information about MADD's goals and present and future emphases. The purpose was to gain a picture of the activities, types of clients and challenges of local community chapters. Working with MADD central(as part of this user-focused study), it was our intention to develop a comprehensive overview of the characteristics of MADD's drunk driving prevention programs. In addition, we wanted to obtain in-depth information on program goals and activities and then examine hypotheses concerning the effectiveness of components of the MADD organization.

Survey Design

An eight page 23-question survey instrument was ultimately completed to assist in gathering information about the various components of MADD. The instrument was developed after extensive review of relevant citizen activist literature on drinking driver prevention programs. The questions were created after on-site interviews at several local MADD chapters and from in-depth discussions with directors at MADD's central office. A pilot test of 10 local sites was conducted to assess the validity of the survey items. The pilot consisted of mailing a questionnaire to selected chapters and following up with a personal phone call. During this phase, an attempt was made to refine the instrument and gather all relevant data for the survey.

In January, 1986, the revised survey instrument was sent to presidents of all 360 chapters listed on MADD's master roster of chapters in the continental U.S. Included with the survey was a cover letter from the executive director of MADD (Col. Donald Schaet), a letter of explanation from the principal investigators of the study, instructions for completing the questionnaire and a self-addressed commerative stamped return envelope.

Implementation

Although surveys were addressed to the president of each chapter, instructions suggested that the person knowing most about the organization should complete the form. Respondents were assured of confidentiality and that data, when released, would make no mention of individual chapter responses.

After three weeks, a follow-up "nudge" letter was sent to non-respondents. At the end of seven weeks, follow-up phone calls were made by staff encouraging non-respondents to complete the survey. After ten weeks, postcards were mailed by the researchers thanking all chapters for participating in the project and reminding non-respondents that they could still complete the survey. The current response rate for the MADD evaluation project stands at 63.1% with 212 of 336 existing (valid) chapters returning questionnaires.

SUMMARY OF RESULTS

The median population of communites participating in the present survey was 92,000. California had the highest concentration of chapters with 18, followed by Florida with 15, and Texas, 14.

Almost half (46%) of the chapters were located in urban areas, with slightly more than one quarter operating in rural (27%) and suburban (28%) communities. Demographically, MADD members may be described as predominantly married, female and over 35. The average percentage of members reported married by MADD chapters is 79%, while 72% were female and 68% over 35.

More than half (54%) of all chapters indicate that 15% or less of their members are reliable. In essence, this means that while chapter membership rosters may be large, the number of dependable, active hard workers is less likely to be so. Sixty percent of chapters, for example, report that 10 or fewer members are reliable, 85% indicating that they have 20 or fewer dependable participants. 53% of the leaders (president or other officer) report that the primary motivation of the individual starting the chapter was the death of an immediate family member in a drunk driving incident. Nine percent noted that the principal motivation was the death of a friend. As a whole, members tend to be victims of DWI accidents less frequently than leaders. Half of all chapters report that fewer than 30% of their members have been victims, while eighty percent indicate less than 50% have personal victims in their group.

The most common tenure of chapter leaders is one to two years; more than two-thirds (67.2%) of all chapters report that their leader has served for this period. In half the sample, the present leader was the one who founded the chapter.

Few chapters have paid staff. In the present sample, only 19 chapters (9%) report paying any of their workers. One chapter, however, did report as many as five paid staff. The most frequent position is director (35% of all paid workers), while the second and third staff positions include secretary and administrator (29% and 24%, respectively).

86% of respondents note that they place heavy emphasis in chapter activities on information dissemination and education. This was followed by victim assistance (59%) and establishing speakers bureaus (58%). Areas of lesser chapter concern include referrals to professionals (12%), use of hot line (20%) and sobriety checkpoints (10%).

RESULTS

Goal Statments/Purpose Of Chapter

In an open ended question asking respondents to specify the goals and objectives of their program, some 30% attached a prepared statement in

addition to filling in a written response. Forty-four percent (76 chapters) noted that public awareness was the major goal of their program, while 25% (44 chapters) noted that victim assistance was, followed closely by 23% (40 chapters) reporting that reducing injuries and fatalities was their primary objective.

On the subjective response question regarding why members become interested in joining MADD, 51% of respondents report that the principal reason is that their members were victims of alcohol-related auto crashes. This is consistant with another response set which asked the motivation of the person who started the chapter. The most important reason listed was the death of an immediate family member in a drunk driving accident (49%). 31% noted they became involved because of general interest in the area while 10% joined as a result of the death of a friend or relative in a drunk driving accident. Surprisingly only 2.3% (5 chapters) reported their motivation to the cause was spurred by the presence of alcoholism in the family or among friends.

Chapter Activity Emphases

MADD's frequent image as fundamentally a legislative action group seeking to pass tough drunk driving laws belies a much more substantial reality. An examination of the emphasis placed on program activities nationally reveals that the major orientation of local MADD groups lies not so much in promoting legislative changes but in disseminating information, establishing speakers bureaus and working with schools. As Table 6 indicates, 86% of the chapters report that they place either a moderately large or great deal of emphasis on information dissemination/education, while 58% and 57%, respectively, do so with regard to establishing speakers bureaus and working with schools. In contrast, 51% place substantial emphasis on court monitoring, 45% on making legislative changes, and only 10% on instituting sobriety road checkpoints.

MADD's concern for aiding the victims of drinking and driving crashes is apparent in local chapter emphasis on victim assistance programs--59% of groups place either a moderately large or great deal of emphasis on this program. Surprisingly, only 20% of chapters emphasize telephone hot lines.

Professional Referrals

One set of questions asks respondents to report the kinds of professional help they employ and the frequency of that use. 84% of the chapters reported that they did not use or only occassionally used mental health professionals; 77% indicated a similar limited use of lawyers; and 90% reported relatively rare use of clergy. Used more commonly were victim witness services--40% responding frequent to very frequent use, 16% noted that they used victim witness services all the time.

Satisfaction With Chapter Programs

Respondents were also asked to rate the degree of satisfaction with their chapter's work in the areas in which they are engaged. As Table 12 demonstrates, chapters reported being at least somewhat satisfied with their activity in most program areas.

In the area of legislative changes and court monitoring, 62% reported at least some satisfaction with their chapter's work; 67% reported the same with regard to victim assistance; 69% with establishing speakers bureaus; and 65% with work in schools. Only 51% reported satisfaction with the use of a hot line, while 85% reported being satisfied with their program of information dissemination and education. This appears to be a vote of confidence for the high level of emphasis placed on this program.

Respondents were fairly negative with regard to their satisfaction with referring victims to professionals--only 23% indicating satisfaction. Respondents were also very dissatisfied with work in the area of sobriety checkpoints, only 29% expressing any degree of satisfaction with their work on the subject. This may lend support to the idea that most chapters are not able to participate in such a complex law enforcement program. This would confirm a frustration reported earlier.

Satisfaction With Program Assistance

Chapter satisfaction with assistance provided to MADD is rather mixed. While 61% of respondents indicate some measure of satisfaction with information furnished by MADD's national headquarters, and 57% look favorably on help furnished by victim witness services, only 40% report satisfaction with mental health professionals and 42% with clergy. Most troubling, however, is the finding that a higher percentage of respondents (40%) report dissatisfaction with school administrators than report satisfaction (38%).

Future Directions For Your Chapter

Respondents were asked to rate the degree of future involvement their chapter should undertake. On the measure of legislative changes, 79% of respondents reported they should do more, while in the area of victim assistance, 83% reported the need or desire to increase their activity. In the area of sobriety checkpoints, 65% said they should do more, while 34% noted no interest in changing their involvement. This seems to point to a frustration with not having enough manpower or clout to activate their involvement in sobriety checkpoints. This is also a law enforcement task and perhaps chapters feel it is beyond their control. In the area of court monitoring, 82% reported needing to do more, only 18% suggesting a desire for no change in the activity.

With regard to referrals to professionals, 90% reported either an

interest in making no change in current involvement or doing a little more. This confirms earlier data that this is not a high priority for area chapters. With speakers, chapters indicated little interest in change--76% expressed little or no desire for change. With regard to future involvement in schools, 80% recommended doing a little to a lot more. This indicates, that while chapters are active in schools, there is always room for more in this highly emphasized and important educational arena. With reference to the use of hot lines, only 16% expressed a great deal of desire for change. This confirms an earlier finding (program emphasis) that chapters don't wish to emphasize this activity.

In the area of fund raising and publicity, a large proportion of chapters indicate a desire to do a little or a lot more work. 74% wish greater involvement in fund raising, while 81% hope to do more with regard to publicity. An interesting finding is that 88% want to put more effort into training their members, while 85% felt they should do more in terms of chapter development.

Effectiveness Of Deterrents To Drinking And Driving

Respondents were asked to rate the effectiveness of seventeen deterrence-based countermeasures in solving the drunk driving problem. As demonstrated in Table 21, these measures may be divided into three subcategories based upon their perceived level of effectiveness. The first group of measures consists of items that were deemed moderately to very effective by more than 70% of chapters; those in the second category were judged effective by 50-70%; while those in the third were believed effective by less than half the local chapters.

Among the first group of countermeasures, strong legal penalties for drunk drivers and strict enforcement of current DWI laws were rated the most effective--90% of chapters stating that these items represented moderate to very effective deterrents. Following closely behind these two measures was the use of television and public awareness programs, rated effective by 85%; peer education and involvement, 84%; mandatory jail sentences, 81%; raising the legal drinking age to 21, 78%; legislative lobbying, 76%; sobriety checkpoints, 74%; and the use of court monitoring, 73%.

The second tier of countermeasures contains items regarded as moderately or very effective by 50-70% of chapters. Two of the four measures in this category relate to programs designed to aid victims: 59 and 54% of chapters, respectively, rated victim assistance efforts and victim witness services as either moderately or highly effective. The two other categories within this grouping are concerned with lowering the BAC to less than .10% and using citizen phone-ins to police of suspected drunk drivers. Moderate or high ratings were received on these measures by 56 and 50% of chapters, respectively.

The four countermeasures believed to be least effective by local chapters are found in the third grouping in Table 21. It is note-

worthy that all of these may be categorized as either prevention or treatment-oriented in nature, as opposed to criminal justice-based. In descending order of effectiveness, the four measures are: providing rehabilitation to alcoholics, offering safe rides programs to teens, limiting the availability of alcohol to the public, and instituting contracts between parents and students. None of these measures is rated moderately or highly effective by more than 46% of chapters, while the least effective of the four--instituting contracts between parents and students--received the support of just 24% of respondents.

Significantly, when countermeasures are broken down by type, those with a criminal justice orientation are considered far more effective in dealing with the DWI problem than those concerned with prevention. As indicated in Table 21, five of nine of those items falling into the first tier of countermeasures are concerned with the justice system, while all four of those in the last deal with reducing drinking and driving through prevention or treatment intervention. On average, 72% of chapters considered criminal justice-related countermeasures to be either moderately or highly effective. By contrast, only 52% rated prevention-oriented measures that highly, and 46% rated rehabilitation/treatment-oriented services moderately or highly effective.

It is worth noting that six of the items included in the current survey have been used in a previous study of MADD undertaken at the University of Texas (Weed, 1985). And, with only one exception the two sets of findings corroborate each other. In the earlier survey, Weed found that 56% of respondents considered greatly limiting the availability of alcohol relatively ineffective as a countermeasure, just 17% judging it very effective. In contrast, findings here indicate that, while approximately the same percentage still believe this approach to be effective(1), a much smaller proportion (about 24-32%) now consider "limiting alcohol" to be ineffective.

External Influence

Table 11 provides data on five types of social, organizational and community factors that influence chapter activities. In general, the impact of these forces was relatively limited: the community, MADD Central and the media were all rated as having only a moderate amount of influence on chapter activities.

Two measures which differed significantly from the moderate category related to the influence of chapter members and school administrators. Chapter members were regarded as having a moderate amount of influence on chapter activities while school administrators were deemed to have

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1 Precise comparisons of data in the two studies are not possible because of differences in the number of Likert-scale response categories employed (Weed used three, while seven were provided in the present survey). Estimates of the difference between the two sets of findings must therefore be used.

only a small amount of influence. The finding concerning chapter members was, as a whole, not unexpected--members of voluntary organizations commonly exhibit a great deal of influence over the group's activities. In fact, it may be more surprising in the present findings that as many as 8.2% of respondents indicated their members have little or no influence on chapter operations. The lack of impact of school administrators deserves particular attention in Table 11, for it would appear to be indicative of the low level of contact which MADD has at present with local educational institutions.

National Headquarters/MADD Central

In the previous section, it was indicated that MADD Central had only moderate influence on local chapter activities. This section examines three issues that shed light on this finding. First, the amount of contact and flexibility of local MADD chapters with regard to Headquarters is explored. This discussion is then followed by an examination of the amount of agreement on policy-related matters that exists between local chapters and the national headquarters.

Contact and Flexibility with MADD Central

Table 14 provides data on the amount of contact occurring between local chapters and MADD Central. Overall, findings suggest that the level of interaction between the two varies widely, from 30% reporting little current contact, to 46% indicating some contact, to 23% noting frequent contact.

The fact that contact with MADD Central tends not to be frequent for most chapters may help explain the very high level of flexibility chapters report having. As Table 15 indicates, 77% of chapters consider their flexibility to be either extremely high or nearly so, while just 1% regard it as low.

The relatively moderate amount of influence (reported in Table 12) that MADD Central exerts over the operation of local chapters may therefore be a result of two factors: the moderate amount of contact between headquarters and local chapters and the very great degree of local chapter flexibility.

Policy Direction

The amount of agreement on policy-related issues between local chapters and MADD Central varies greatly. As indicated in Table 16, about 25% of chapters report that disagreement with Headquarters is more likely than agreement, while 38% suggest the opposite. Significantly, over 1/3 of chapters (37%) reveal that agreement with Headquarters is about as likely as disagreement.

The finding about policy agreement is, in some ways, not surprising.

As previously suggested, MADD Central has only moderate contact with local chapters, permits great flexibility to exist, and has not exerted great influence over local chapter activity. Therefore local chapters are relatively free to set their own policy directions. What may be of greater concern for MADD as a whole, however, is the finding that about 62% of chapters believe they are at least as likely to disagree with policy developed at MADD Central as they are to agree with it (Table 16).

Chapter Contact

Respondents were asked to rate the amount of contact they had with other agencies inside and outside MADD (Table 17). 79% said they had some contact with other chapters within MADD while only 21% said they had no contact. Because MADD chapters are geographically dispersed, it is interesting to note that as many as 22% report a great deal of contact with their counterparts around the country. Perhaps as the level of contact with MADD Central decreases, an increase in contact between local constituencies might be found.

With regard to contact with other organizations, 34% reported no contact at all outside MADD. At the other extreme, only 15% reported a great deal of contact with other types of agencies. This is not surprising and is supported by other findings that MADD chapters are self-reliant and extremely independent.

Among the 66% of MADD chapters that did make contact outside their organization, 35% had a moderate amount of contact with Students Against Driving Drunk, Alliance Against Intoxicated Motorists, or Boost Alcohol Consciousness Concerning Health of University Students; in addition, 28% reported contact with Remove Intoxicated Drivers. Of interest, 6% noted contact with the National Highway Traffic Safety Administration, while 12% indicated contact with local DWI Task Forces.

Community Relationship

Respondents were asked to assess the community's level of support and awareness of their group (Table 18). As a whole, chapters reported both heavy support and high awareness for their chapter: 55% receiving either extensive or moderately extensive support, while 76% noted heavy community awareness. Just as encouraging is the finding that relatively few community's (19%) offer less than moderate support for local MADD activities, and only 7% of localities are less than moderately aware of MADD's work.

Chapter Growth, Development

As indicated in Table 19, respondents were asked to assess their

chapter's: 1) greatest strength, 2) greatest weakness, 3) approach to self-improvement, 4) desired change in goals, and 5) desired change in chapter activity. Ten major categories were constructed for each variable in order to code the responses obtained.

Chapter Strength

32% of chapters stated that the presence of diverse multiple programs was their chapter's strongest feature. 19% indicated their good public image was their most important strength, while hard working members was believed to be the best aspect of another 15% of chapters.

Chapter Weakness

46% of chapters indicated that poor networking was the most significant weakness in their program, while poor recruitment (29%), and lack of financial support (13%) were second and third in significance on this measure.

Chapter Improvements

In describing approaches that would improve chapter functioning, 34% expressed a desire for more volunteers to maintain the constancy of chapter work. Other improvements that were commonly mentioned include the need for a membership drive (26%) and staff training (10%).

Desirable Changes In Chapter Goals

23% of respondents stated a desire to increase volunteerism within the chapter, while 21% expressed a wish to improve existing programs. 14% wished to institute a membership drive, while another 14% noted a desire for more volunteers. This is consistent with other data reported in this study which emphasize the need for more manpower to increase the strength and impact of the MADD organization.

Desirable Changes In Chapter Activities

35% of respondents noted the need for more qualified staff members, while 29% reported a need for better program continuity, and 13% expressed a desire for greater student involvement.

Determinants Of Local Chapter Activity And Beliefs

This portion of the results section addresses research questions relating to the determinants of local chapter activity and beliefs.

The five questions posed here include:

1. What are the organizational and socio-demographic factors which help determine the activity emphasis of MADD chapters?

2. How satisfied are MADD chapters with their community-oriented programs?

3. What are the effects of differing motivational orientations of MADD leaders on local policy orientations and program emphases?

4. What are the effects of increased contact between MADD Central and local chapters?

5. What factors are associated with whether local chapters believe in the effectiveness of various deterrence measues?

Each of these research questions is addressed in turn.

1. Organizational and Socio-Demographic Determinants of Chapter Activity Emphasis

Variables which are organizational or socio-demographic in nature (program size, number of paid staff, male/female ratio and community population) can have important effects on the emphasis chapters place on their programs. A larger membership can, for example, make funds available that are necessary to actuate more costly programs; a greater number of reliable day-to-day workers or paid staff may make it possible for chapters to institute time consuming programs which smaller agencies are unable to undertake; a larger proportion of males within a chapter's membership may make it less prone to support victim assistance or community outreach programs; and a chapter's location in a larger community may make certain kinds of programs more cost-effective, and therefore more likely to be undertaken.

The effects of chapter size are presented in Table 22 and suprisingly have little direct bearing on the the kinds of programs MADD groups emphasize. Programs with larger memberships do tend to differ somewhat from their smaller counterparts with respect to their level of emphasis on victim assistance programs (r=.16*) and work in schools (r=.15*)(2). However, emphasis is substantially the same in chapters of all sizes with regard to six other programs examined. Similarly, as Table 22 demonstrates, increasing the number of dependable daily workers or paid staff has little effect on chapters' program emphases. Only victim assistance programs (r=.16**) and work in schools (r=.16*) are more likely to be used in chapters with larger numbers of reliable (unpaid) workers.

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2. To simplify the text, probability levels of Pearson correlation coefficients will be expressed with asterisks: * $p \leq .05$, ** $p \leq .01$, and *** $p \leq .001$.

The implications of these findings with respect to organizational size are significant. Most importantly, it would appear that MADD chapters are only minimally constrained by their size or lack of paid staff in developing (and emphasizing) community-oriented programs.

Like program size, community size has only a modest effect on the program emphases of local chapters. As indicated in Table 22, only victim assistance programs (r=.22***), established speakers bureaus (r=.19**) and work with schools (r=.17**) are more likely to be emphasized in programs based in larger cities than in smaller. It may be that programs such as victim assistance function more efficently when the community's population is large enough to ensure that a minimum number of alcohol-involved accidents are likely to occur.

In contrast to the relatively small effects of chapter and community size, the proportion of males to females in a chapter exhibits a consistent and notable effect on program emphasis. As demonstrated in Table 22, eight of nine possible relationships between percent male and program emphasis are significant (at the .05 level), and the remaining correlation approaches significance ($p < .15$). It would appear, therefore, that chapters which have higher proportions of male members tend to be more active in general, and stress a wider range of programs than those which are more heavily female based.

The correlation (r=.27***) between the percentage of male members in a chapter and the level of legislative activity is particularly worth noting. It appears, above all else, that the addition of male members to MADD (28% of adherents at present) affects the degree of emphasis placed on promoting drinking and driving legislation.

2. Satisfaction With Community-Oriented Programs

Findings reported earlier in this study (Table 12) indicated that MADD chapters were, on the whole, only moderately satisfied with their work in the area of community-oriented programs. Over all nine programs, only 57% of respondents indicated any degree of satisfaction. This finding, however, ignores the possibility that chapters may be dissatisfied not so much with the the functioning of the programs they are involved in, but rather, with their inability to develop and emphasize programs they would like.

To investigate whether this is the case, level of program emphasis has been correlated with program satisfaction. The results, reported in Table 23, suggest that, indeed, where chapters have placed heavy emphasis on a program, they are likely to be more satisfied with it. All nine correlations in the table are both statistically significant and quite high (ranging between .44*** and .82***). Interestingly, even programs such as sobriety checkpoints and hot lines, which are used by relatively few chapters, report that high program emphasis is likely to lead to substantially increased satisfaction (r=.56*** and r=.82*** respectively). It is possible that a the major reason programs do not report higher levels of satisfaction lies not with qualities inherent in the programs but rather with the lack of oppor-

tunity or resources to initiate and support them.

3.Effects of Leadership Motivation

One of the prevailing images of MADD is as an organization interested, most fundamentally, in gaining retribution against drinking drivers, particularly those who maim and injure (Reinarman, 1985, Ritchey and Daniels, 1983; Ross, 1982). The reality of this image is examined in the present section where differences in program emphases, beliefs and leadership structures of chapters with differing levels of victimization are examined. More specifically, chapters comprised of leaders or members who have been victimized by drinking drivers are investigated to find out whether the kinds of policy approaches and leadership structures they encourage differ systematically from chapters with founders and memberships who have not been so victimized.

As Tables 24 and 25 demonstrate, "greater motivation" of founders and members (measured by whether they were victims of drunk driving accidents) does not significantly alter the kinds of programs, policies or leadership structures manifested by MADD chapters. No major differences in program emphasis or future priorities--particularly with respect to criminal justice programs--are evident in chapters where founders or members have been victimized compared to those where they have not. In fact, surprisingly, a small negative correlation is indicated between the motivation of program founders and emphasis on legislative programs ($r=-.13^{*}$). The one substantial difference that does exist between heavily victimized and relatively unvictimized memberships lies in their emphasis on victim assistance programs; the greater the number of victims in the chapter, the more likely it is to focus its energies on victim assistance ($r=.25^{***}$).

An examination of the personal beliefs of respondents whose founders or members have been victimized reveals results similar to those discovered above. Victimized chapter founders or members are no more likely to involve themselves in chapters that prefer criminal justice solutions than are unvictimized founders or members. As Table 26 indicates, neither the "motivation" of members or founders is associated with a greater belief in any particular deterrence orientation. Interestingly, the only significant correlation exhibited in the table suggests that chapters where founding members were victims are less likely to believe in sobriety checkpoints as an effective deterrent ($r=-.16^{*}$).

The victim retribution hypothesis has been explored in this study in two additional ways. Two correlations related to leadership style have been examined in this investigation. And, in neither case does it support the hypothesis that heavily victim-based chapters differ from less victim-based ones in terms of leadership. Theorizing, first, that more highly motivated leaders would stay in power longer, tenure of the current leader was correlated with the victimization status of the founder (these persons are frequently the same). No support however, was found for this idea ($r=.09$). Hypothesizing, next, that founding members who had been victims would be most interested in recruiting

members like themselves, victimization status of the founder was correlated with the percentage of victims presently represented in the chapter. Again, findings do not support this contention; indeed, the correlation (r=.-17**) is significant, but in the direction opposite from that predicted.

4. Effects of Increased Contact With MADD Central

An important issue for MADD Central involves whether it is dealing effectively with its local chapters. To examine this matter, several important subjects are addressed here, including whether local chapter contact with MADD Central tends to lead to increased influence on local chapter activities, increased policy agreement with MADD Central, and greater satisfaction with information from headquarters.

The first two statements above are confirmed in data obtained in this study. It is found, for example, that as chapters increase their contact with MADD Central, its influence over chapter activities tends to rise substantially (r=.44***) and its ability to promote policy agreement enlarges significantly (r=.33***). Indeed, because of this, it is not surprising to find that local chapters in close contact with headquarters tend to agree with them on policy issues on which MADD Central has taken strong stands, such as raising the drinking age to 21 (r=.30***, Table 27).

A third issue concerns whether local chapters which have increased contact with MADD Central tend to be more satisfied with information supplied them than are chapters having less contact. This issue is particularly significant because of the finding earlier in this study (Table 13) that, as a whole, chapters are only moderately satisfied with the informational assistance provided by headquarters. The highly significant correlation between increased contact with MADD Central and satisfaction with information it supplies (r=.47***) suggests that lack of satisfaction is more likely to be function of lack of access than of dissatisfaction with information actually received.

5. Determinants of Belief in Deterrence Measures

Earlier in this study, it was demonstrated that, as a whole, MADD chapters tend to emphasize criminal justice as opposed to prevention or treatment-based deterrents to drinking and driving. In this section, chapter views about deterrence are again examined to determine whether these are likely to have resulted from convictions expressed by MADD Central.

To be more specific, local chapter opinions about the effectiveness of deterrence measures are correlated with their level of contact with the National headquarters and with the level of influence MADD Central reportedly has over their activities. The configuration of the results (that is, whether higher correlations are found on criminal justice, prevention/education or treatment measures) determines the degree to which deterrence beliefs are attributable to the influence of MADD Central.

Data contained in Table 27 indicate that, while greater contact with and influence by the National headquarters is associated with a belief in certain isolated specific deterrence programs, no consistent pattern of beliefs is evident. More specifically, while greater contact with MADD Central is associated with a greater belief in television and public awareness programs (r=.17**), citizen phone-ins (r=.12*), rehabilitation/treatment of alcoholics (r=.19**), safe rides (r=.12*), peer education (r=.15*) and raising the drinking age to 21 (r=.30***), contact is not consistently associated with numerous other criminal justice or prevention programs. Similarly, while greater reported influence of MADD Central is correlated with a belief in television and public awareness programs (r=.12*), safe rides (r=.13*) and raising the drinking age to 21 (r=.26***), no consistent set of correlations is evident for the measure with other criminal justice, prevention or treatment measures. Overall, while greater contact with and influence by MADD Central are associated with local chapters developing certain beliefs about deterrence programs, they are not related to a preference for any one general approach to deterrence over another.

SUMMARY AND CONCLUSIONS

Mothers Against Drunk Driving is a grass roots citizen activist group with a wide constitutency throughout all regions and communitites in the United States. The thrust of MADD's focus in local communities is information dissemination and education. Both victim assistance and speakers bureaus follow as high priorities as well. Chapter leaders are predominantly victims who have remained in the leadership of chapters for one to two years. Very few chapters make referrals to professionals for assistance; however when they do refer, lawyers tend to be the referral of choice.

MADD chapters appear to be mostly content with their program emphases. Their satisfaction with court monitoring and legislative activities is quite high. Where a program is lacking emphasis such as sobriety checkpoints, some degree of dissatisfaction follows. With their work in victim assistance, MADD chapters are not willing to be complacent; a large percentage of chapters want even more future involvement than at present. Where community action involves multiple agencies and resources, such as court monitoring and victim witness programs, MADD constituents are seen interacting with other chapters and getting more training so as to professionalize their role as citizen activists.

Suprisingly, MADD members report (Table 16) that they are just as likely to agree with national headquarters as disagree. In general contact with MADD central is only moderate (Table 14). This ofcourse would explain the high ratings that chapters give to their flexibility in daily operations. Considering the major management shakeup in October of 1985, the overall relationship between MADD central and their constitutiency appears to be healthy.

Toward solving the drunk driving problem, an overwhelming majority

(90%) of chapter leaders reported strong legal penalties to be the most effective deterrent. Strict enforcement of laws was the next most important measure. These two criminal justice components differ slightly from previous studies (Weed, 1985) that ranked public awareness as the most powerful solution (85.4%). It is conceivable that MADD has shifted its orientation somewhat toward a criminal justice intervention as opposed to a strictly prevention-oriented model. It is clear that a more collaborative approach to the community based effort; both prevention/education and criminal justice have emerged in the MADD chapter leadership. Evidence of a community systems approach (Vingilis & Salutin, 1980) to drunk driving prevention is seen in MADD's desire for greater involvement with sobriety checkpoints and victim witness programs. Financial resources and political clout appear to be constraining the efforts to implement these programs.

Respondents offered little support for rehabilitation (48%) as a solution to the drunk driving problem. This reinforces the MADD ethic of being a prevention/education/awareness group and not operating on a treatment model. The ambivalence related to a safe rides program is perhaps another indication of MADD's thrust towards prevention and not treatment. The moderate (45%) emphasis given to safe rides is slightly lower than findings (58.7%) on a University of Texas study one year ago (Weed, 1985). This suggests that safe rides might be seen as a subcategory of a treatment approach and not necessarily a prevention effort. MADD newsletters have discussed the issue of safe rides as a program that might encourage people to drink and then face the critical decision of whether to drive or call for assistance.

Another interesting difference in comparison to Weed's study was found in the issue of limiting availability of alcohol as an effective deterrent. Several studies speculate on MADD's neo-prohibitionist attitude (Reinarman, 1985; Ritchie and Daniels, 1984) however, the Texas study offers some data for comparison. Weed and his colleagues note that 56% of respondents considered limiting alcohol ineffective as a deterrent. Our present study findings indicate that a smaller proportion of chapters (24-32%) now considers limiting alcohol to be an ineffective deterrent. This comparison might suggest that a shift has occurred in belief and attitude about the use of alcohol and limiting its availability as a deterrent.

An important finding in our study highlights another shift in the perceived "awareness" of effective deterrents. Weed noted that "creating greater public awareness" was the most effective method of treating the DWI problem. Our findings indicate that while public awareness is of great importance, chapters reported a criminal justice orientation as having a greater impact in promoting deterrence. This might suggest that MADD has emerged from its honeymoon status with the press and is now moving into a systems approach involving multiple components of community resources to deal with the drunk driving dilemma. The shift is supported by data that indicates increased desire to interact with police, judges, doctors and DWI task forces.

A rather unexpected finding of the present research was confirmed in correlations on almost every major program that chapters emphasize. It appears that chapters with higher proportions of males tend to have more program involvement and stress a wider diversity of community efforts. Of great significance is that the presence of male members effects a greater emphasis on work in the area of DWI legislation. As MADD grows and becomes accepted as a more main-stream organization, more famililies (including both spouses) may become participants and not just financial contributors.

Shortly after its inception in 1980, MADD received an 88% recognition identity on a nationwide poll. Its presence has been projected in the national print and electronic media using key public figures to provide new awareness in the battle against drunk driving. Politicians have alligned themselves with MADD's prevention, education, and political philosophy. As tough new DWI laws passed, the Amercian Medical Association wrote position papers encouraging states to drop the blood alcohol content (bac) legal driving limit to .05%.

The finding of increased emphasis in criminal justice activities as a deterrent to drunk driving has significant ramifications for the strength and future cohesiveness of this organization. In October of 1985, a shift in key management personnel threatened to undermine the confidence of MADD's constitutency. In a controversial move, MADD's national board voted in a new professional-executive staff and appointed new directors to its own governing body. MADD's new leadership, with outreach into medicine, education, politics, and corporate America may offer insight to the evolution of its growth and national following.

Finally, several correlations confirm that chapters with high proportions of members who are victims show no significant differences on programs, policy decisions or leadership structures compared to non-victim members. The only exception is that a greater emphasis on victim assistance tends to occur as the proportion of victims within the membership increases. One might speculate that after five years of operation on the national scene, a greater sense of internal locus of control is being experienced by chapter leaders and membership. The thrust of MADD's work is no longer just to tell the victim's story but to change attitudes and behavior about how to prevent the creation of more victims. One might say that the grief cycle (denial, anger, sorrow, depression, and acceptance) has come full circle. MADD has indeed come to accept its role in the community as a vehicle for citizen activists who want to effect social change at the community, grass roots level.

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TABLE 1

TYPE OF MADD OFFICIAL COMPLETING SURVEY

Type of Official	Frequency (N)	Percent (%)
President	169	79.7
Vice President	11	5.2
Secretary	8	3.8
Treasurer	3	1.4
Other	21	9.9
Total	212	100.0

TABLE 2

SOCIO-DEMOGRAPHIC STATUS OF MEMBERSHIP

Status of Membership	Mean (%)	Median (%)
Male	28.2	27.0
Female	71.8	63.0
Under 18	1.3	0.0
18-24	5.3	1.0
25-35	25.3	20.0
Over 35	68.1	72.5
Married	78.5	85.0
Unmarried	21.5	15.0

TABLE 3

COMMUNITY TYPE

Community Type	Frequency (N)	Percent (%)
Urban	92	46.2
Suburban	56	28.1
Rural	51	25.6

TABLE 4

CHAPTER LEADERSHIP PROFILE

Motivation of leader starting chapter	Frequency (N)	Percent (%)
a. Immediate family killed . . .	104	49.3
b. Friend killed	20	9.5
c. Friend, self or relative injured	16	7.6
d. Alcoholism in family.	3	1.4
e. Alcoholism among friends. . .	2	.9
f. Interest in area.	66	31.3

Tenure of current leader (in years)	Frequency (N)	Percent (%)
Less than one year.	18	8.7
1 to 1.9 years.	77	37.2
2 to 2.9 years.	62	30.0
3 to 3.9 years.	32	15.4
4 to 4.9 years.	12	5.8
5 years or more	6	2.9

TABLE 5

PRIMARY CHAPTER GOALS AND OBJECTIVES

Respondents were asked to specify the primary goals and objectives of their program. Coding of this open-ended question resulted in the development of 6 categories.

Primary Chapter Goal	Frequency (N)	Percent (%)
a. Task force involvement. . . .	4	2.3
b. Accountability by drunk driving offender . . .	2	1.1
c. DWI legislation	8	4.6
d. Public awareness.	76	43.7
e. Victim assistance	44	25.3
f. Reduce drunk driving injuries and fatalities. . .	40	23.0

TABLE 6

CHAPTER ACTIVITY EMPHASIS

Respondents were asked to describe the level of emphasis their chapter places on ten different activities. The measure was scored from 1 (no emphasis) to 5 (great emphasis).

		Level of Emphasis (in percent)					
		None		Moderate		Great Deal	
Types of Activities	N	1	2	3	4	5	Mean Score
a. Legislative changes . .	206	5.8	20.4	29.1	18.4	26.2	3.4
b. Victim assistance . . .	207	4.8	18.8	16.9	19.8	39.6	3.7
c. Sobriety checkpoints. .	199	55.8	20.1	14.1	5.5	4.5	1.8
d. Court monitoring. . . .	208	4.8	19.2	25.0	24.0	26.9	3.5
e. Information/education .	210	1.0	1.9	11.4	26.2	59.5	4.4
f. Refer to professionals.	201	39.8	32.3	15.9	8.0	4.0	2.0
g. Speakers bureau	205	8.3	13.2	21.0	23.9	33.7	3.6
h. Work with schools . . .	207	3.9	16.9	22.7	24.6	31.9	3.6
i. Hot line.	198	58.6	10.6	10.6	6.1	14.1	2.1
j. Other	37	2.7	8.1	13.5	18.9	56.8	4.2

Other activities	Frequency (N)	Valid Percent (%)
a. Task force.	4	18.2
b. Clergy referrals.	1	4.5
c. Safe rides.	2	9.1
d. Support group	5	22.7
e. Fund raising.	4	18.2
f. Safety commission	2	9.1
g. Corporate involvement . . .	2	9.1
h. Media involvement	2	9.1
i. Missing	15	-

TABLE 7

CHAPTER MEMBERSHIP PROFILE

Member/Chapter Data	Mean	Median
Number of Members (N).	191.0	46.0
Percent of Reliable members (%).	18.7	12.0
Number of Reliable Workers (N) .	16.3	9.0
Population of the Community (in 1000's) (N)	290.7	90.0
Percent victims in chapter (%) .	35.7	29.5

TABLE 8

PRIMARY REASON MEMBERS BECOME INTERESTED IN MADD

Primary Reason	Frequency (N)	Percent (%)
a. Victim.	101	51.0
b. Interest in program	18	9.1
c. Friends of victim	5	2.5
d. Touched by death of friend. .	3	1.5
e. Committed to cause.	26	13.1
f. Protect children.	1	.5
g. Social conscience	42	21.2
h. Alcoholism in family.	1	.5
i. Feel sorry for someone. . . .	1	.5

TABLE 9

NUMBER AND TYPE OF MADD STAFF POSITIONS

Number of Paid Staff	Frequency (N)	Percent (%)
None	192	91.0
One	12	5.7
Two	2	.9
Three	3	1.4
Four	1	.5
Five	1	.5

Type of Paid Staff	Frequency (N)	Percent (%)
Director	12	35.3
Secretary	10	29.4
Administrator	8	23.5
Bookkeeper	2	5.9
Court Monitor	2	5.9
Total	34	100.0

TABLE 10

TYPES OF PROFESSIONAL REFERRALS

Respondents were asked to indicate the level in which their chapter used referrals. The measure was scored from 1 (not at all) to 4 (always).

Type of Professional Assistance	N	Level of Use (in percent) Not at all 1	Occasionaly 2	Frequently 3	Always 4	Mean Score
a. Mental health professionals. . . .	207	39.1	44.9	11.6	4.3	1.8
b. Lawyers	207	26.6	50.2	17.4	5.8	2.0
c. Victim witness services	202	29.2	31.2	24.8	14.9	2.3
d. Clergy.	204	37.7	52.5	8.3	1.5	1.7
e. Other	45	0.0	24.4	44.4	31.1	3.1

Other referrals	Frequency (N)	Valid Percent (%)
a. Highway safety.	2	6.9
b. Professional speakers	1	3.4
c. Medical help.	4	13.8
d. Alcohol information center. .	2	6.9
e. Police.	15	51.7
f. Investigative reporter. . . .	1	3.4
g. Counselors.	3	10.3
h. Judges.	1	3.4
i. Missing	16	-

TABLE 11

TYPES OF INFLUENCES ON CHAPTER ACTIVITIES

Respondents were asked to rate the amount of influence the following have on their chapter's activities. The rating scale was scored from 1 (none) to 5 (great deal).

		Level of Influence (in percent)					
		None		Moderate		Great Deal	Mean
Types of Influence	N	1	2	3	4	5	Score
a. Community pressure. .	202	18.3	17.8	30.2	17.8	15.8	3.0
b. Chapter members . . .	207	1.9	6.3	16.9	23.7	51.2	4.2
c. MADD central.	207	8.7	16.9	34.3	21.7	18.4	3.2
d. Media coverage. . . .	206	5.3	15.5	34.0	20.4	24.8	3.4
e. School administrators . . .	205	31.7	29.8	22.4	12.2	3.9	2.3
f. Other	15	0.0	0.0	20.0	26.7	53.3	4.3

Other Influences	Frequency (N)	Valid Percent (%)
a. Executive director.	1	10.0
b. Board of Directors.	1	10.0
c. Victim perspective.	4	40.0
d. Police.	5	40.0
e. Missing	5	-
Total	15	100.0

TABLE 12

SATISFACTION WITH CHAPTER ACTIVITIES

Respondents were asked to rate their degree of satisfication with their chapter's work in various areas. Judgments ranged from 1 (very dissatisfied) to 7 (very satisfied).

		Degree of Satisfaction (in percent)							
		Very Dissatisfied			Neutral			Very Satisfied	Mean
Type of Work	N	1	2	3	4	5	6	7	Score
a. Legislative changes .	193	3.6	3.6	9.3	21.2	26.9	18.1	17.1	4.9
b. Victim assistance . .	200	4.0	5.5	8.5	15.0	22.0	23.5	21.5	5.0
c. Sobriety checkpoints.	126	25.4	12.7	9.5	23.0	13.5	7.9	7.9	3.4
d. Court monitoring. . .	201	7.5	9.0	12.4	9.5	21.9	21.4	18.4	4.7
e. Information dissemination. . . .	210	1.0	3.3	4.3	6.2	23.3	31.0	31.0	5.6
f. Refer to professionals. . . .	152	8.6	13.8	12.5	42.1	12.5	5.9	4.6	3.7
g. Speakers bureau . . .	197	6.6	5.6	6.6	12.2	24.9	23.9	20.3	5.0
h. Work in schools . . .	207	4.3	9.2	10.1	11.6	25.6	22.2	16.9	4.8
i. Hot line.	100	17.0	9.0	4.0	19.0	13.0	16.0	22.0	4.4
j. Other	18	11.1	5.6	11.1	5.6	0.0	22.2	44.4	5.2

Other work	Frequency (N)	Valid Percent (%)
a. Media education	2	18.2
b. Safe rides.	1	9.1
c. Support groups.	1	9.1
d. Fund raising.	5	45.5
e. Films	1	9.1
f. Police involvement.	1	9.1
g. Missing	7	-

TABLE 13

SATISFACTION WITH PROFESSIONAL REFERRALS

Respondents were asked to rate their level of satisfaction with the types of referrals their chapter was involved in. The rating scale ranged from 1 (very dissatisfied) to 7 (very satisfied).

		Level of Satisfaction (in percent)							
		Very Dissatisfied			Neutral			Very Satisfied	Mean
Types of Referrals	N	1	2	3	4	5	6	7	Score
a. Mental health professionals. . . .	139	9.4	10.1	7.2	33.8	12.2	8.6	18.7	4.3
b. Lawyers	161	6.2	8.7	8.1	26.1	16.1	9.9	24.8	4.7
c. Victim witness services	162	6.2	4.9	6.2	25.9	17.3	16.7	22.8	4.8
d. School administrators . . .	173	13.3	16.8	9.8	22.5	18.5	12.1	6.9	3.8
e. Clergy.	153	14.4	7.8	8.5	27.5	15.7	16.3	9.8	4.1
f. Information from MADD Central.	207	4.8	6.3	12.1	15.5	18.4	18.8	24.2	4.9
g. Other	23	4.3	0.0	0.0	0.0	30.4	39.1	26.1	5.7

Other referrals	Frequency (N)	Valid Percent (%)
a. Support groups.	1	8.3
b. Police.	9	75.0
c. Insurance institutions. . . .	1	8.3
d. Regional coordinators	1	8.3
e. Missing	11	-

TABLE 14

CONTACT WITH MADD CENTRAL

Respondents were asked to rate how much contact they currently have with MADD Central.Four choices were provided ranging from none to frequent.

Amount of contact	Frequency (N)	Percent (%)
a. None.	4	1.9
b. Little.	63	29.9
c. Some.	96	45.5
d. Frequent.	48	22.7

TABLE 15

LEVEL OF CHAPTER FLEXIBILITY

Respondents were asked to rate the amount of flexibility their chapter has in following its own course. Ratings ranged from 1 (no flexibility) to 5 (extreme flexibility).

Level of Flexibility (in perecnt)

		None		Moderate		Extreme	Mean
	N	1	2	3	4	5	Score
Level of flexibility	209	0.0	1.4	21.5	36.8	40.2	4.2

TABLE 16

AGREEMENT WITH POLICY DIRECTION OF MADD CENTRAL

Respondents were asked to assess their level of agreement with the policy direction provided by MADD Central. The rating scale ranged from 1 (always disagree) to 7 (always agree).

Level of Agreement (in perecnt)

		Always Disagree		More Disagree than Agree		More Agree than Disagree		Always Agree	Mean
	N	1	2	3	4	5	6	7	Score
Overall Agreement. . .	203	.5	9.4	15.3	36.9	17.7	17.7	2.5	4.3

TABLE 17

TYPES AND LEVEL OF CHAPTER CONTACT

Respondents were asked to rate the amount of contact they have with other chapters within MADD as well as with other agencies outside MADD. A rating scale of 1 (none) to 5 (great deal) was provided.

		Level of Contact (in percent)					
Type of Contact	N	None 1	Low 2	Mod. 3	Mod. Great 4	Great Deal 5	Mean Score
Other chapters within MADD	209	1.4	19.1	34.4	23.4	21.5	3.4
Other agencies outside MADD.	190	34.2	18.9	17.9	14.2	14.7	2.6

Types of agencies outside MADD	Frequency (N)	Percent (%)
a. RID	28	28.0
b. SADD/AAIM/BACCHUS	35	35.0
c. NHTSA	6	6.0
d. AAA	2	2.0
e. DWI task force.	12	12.0
f. Coalition against drunk driving.	3	3.0
g. NCAID	5	5.0
h. Parents of murdered children.	3	3.0
i. Coalition on alcoholism	6	6.0
j. Other	90	-

TABLE 18

COMMUNITY SUPPORT AND AWARENESS OF MADD CHAPTERS

Respondents were asked to assess the community's level of support and awareness of their chapter. On the first measure, the scale ranged from 1 (no support) to 5 (extensive support), while on the second measure, the scale ranged from 1 (not aware) to 5 (very aware of the chapter).

		Level of Support and Awareness (in percent)					
		None		Moderate		Extensive	Mean
Community Orientation	N	1	2	3	4	5	Score
Support.	207	2.4	16.9	26.1	39.6	15.0	3.5
Awareness.	198	2.0	5.1	17.2	36.4	39.4	4.1

TABLE 19

CHAPTER STRENGTH, WEAKNESS, METHODS OF IMPROVEMENT AND DESIRED CHANGES

Respondents were asked to assess their chapter's greatest strength, weakness, methods of improvement, and desired changes in goals. Coding led to the development of 7-10 major categories for each variable.

1. Greatest Chapter Strength	Frequency (N)	Percent (%)
a. Relationship with state officials.	7	3.9
b. Relation with media	13	7.3
c. Good public image	34	19.1
d. Good founders/directors	13	7.3
e. 24-hour hot line.	6	3.4
f. Credibility with law enforcement.	9	5.1
g. Full time employees	1	.6
h. Hard workers.	27	15.2
i. Perserverance	11	6.2
j. Multiple programs	57	32.0
Total	178	100.0

2. Greatest Chapter Weakness	Frequency (N)	Percent (%)
a. Poor recruitment.	48	28.6
b. Lack of financial support.	21	12.5
c. Bad image	2	1.2
d. No competent people	10	6.0
e. Poor networking	78	46.4
f. Media not responsive	3	1.8
g. Burn-out.	6	3.6
Total	168	100.0

Table 19
(Continued)

3. Methods of chapter improvement	Frequency (N)	Percent (%)
a. Membership drive.	33	26.4
b. Reduce burn-out	5	4.0
c. Staff trainings	13	10.4
d. More organization	7	5.6
e. More volunteers	43	34.4
f. More money.	12	9.6
g. More financial support from MADD central.	3	2.4
h. Reduce membership fee.	2	1.6
i. More time to work	7	5.6
Total	125	100.0

4. Desired changes in chapter goals	Frequency (N)	Percent (%)
a. New membership.	14	14.4
b. More volunteerism	22	22.7
c. More victim support	14	14.4
d. Improve existing programs	20	20.6
e. More financial independence	6	6.2
f. More political involvement.	9	9.3
g. More judicial involvement.	7	7.2
h. More sobriety checkpoints.	1	1.0
i. More teenage involvement.	4	4.1
Total	97	100.0

Table 19
(Continued)

5. Desired changes in chapter activities	Frequency (N)	Percent (%)
a. Media support	2	1.4
b. Public image	17	11.9
c. More films	1	.7
d. More public speaking	7	4.9
e. Continuity of programs	41	28.7
f. More professionals involved	3	2.1
g. More students involved	19	13.3
h. More legislation	3	2.1
i. More staff	50	35.0
Total	143	100.0

TABLE 20

FUTURE CHAPTER DIRECTIONS

Respondents were asked to rate how much future involvement their chapter should undertake with respect to various DWI programs. A rating scale of 1 (do lot less) to 5 (do a lot more) was provided.

		Level of Future Involvement (in %)					
Type of DWI Program	N	Do a lot less 1	Do a little less 2	Make no change 3	Do a little more 4	Do a lot more 5	Mean Score
a. Legislative changes .	206	0.0	1.9	18.9	50.5	28.6	4.1
b. Victim assistance . .	208	0.0	0.0	16.8	44.7	38.5	4.2
c. Sobriety checkpoints.	198	1.0	0.0	33.8	27.8	37.4	4.0
d. Court monitoring. . .	207	0.0	0.0	17.9	42.5	39.6	4.2
e. Information dissemination and education.	207	0.0	0.0	24.2	49.3	26.6	4.0
f. Referral to professionals. . . .	200	.5	1.0	60.0	30.0	8.5	3.5
g. Established speakers bureaus.	207	.5	.5	28.0	48.8	22.2	3.9
h. Work with schools . .	206	0.0	.5	19.9	44.2	35.4	4.1
i. Hot line.	187	.5	1.1	56.7	26.2	15.5	3.6
j. Fund raising.	206	.5	1.0	24.3	35.4	38.8	4.1
k. Publicity	206	0.0	0.0	19.4	40.3	40.3	4.2
l. Training.	203	0.0	.5	11.3	39.9	48.3	4.4
m. Chapter develop . . .	206	0.0	0.0	14.1	34.0	51.9	4.4

Other Directions	Frequency (N)	Percent (%)
a. Keep chapter going.	2	33.3
b. More active members	3	50.0
c. New DWI laws.	1	16.7

TABLE 21

EFFECTIVENESS OF DETERRENTS TO DRINKING AND DRIVING

Respondents were asked for their personal opinion about the effectiveness of 17 potential deterrents in solving the drunk driving problem. A rating scale ranging from 1 (very ineffective) to 7 (very effective) was provided.

		Level of Effectiveness (in percent)								
		Ineffective				Effective			Total:	
Deterrence Effectiveness Measure (Type)(1)	N	Very 1	Mod. 2	Slight 3	4	Slight 5	Mod. 6	Very 7	Cat. 6 & 7	Mean Score
1. Very effective (>70%)										
a. Mandatory jail sentence (CJ). . . .	206	2.4	.5	2.4	3.9	10.2	26.2	54.4	80.6	6.2
b. Television/public awareness (P). . . .	211	.5	0.0	.9	2.4	10.9	20.9	64.5	85.4	6.4
c. Strong legal penalties (CJ) . . .	210	.5	.5	.5	1.9	7.1	21.9	67.6	89.5	6.5
d. Strict enforcement (CJ)	211	.9	.5	1.9	2.4	4.7	13.3	76.3	89.6	6.5
e. Court monitoring (CJ)	210	0.0	1.0	1.4	5.7	19.0	31.4	41.4	72.8	6.0
f. Legislative lobbying(O)	208	0.0	.5	2.4	8.2	13.5	28.4	47.1	75.5	6.1
g. Sobriety checkpoints(CJ)	208	.5	0.0	1.4	10.6	13.9	22.1	51.4	73.5	6.1
h. Peer education and involvement (P). . .	210	0.0	.5	.5	1.9	12.9	17.1	67.1	84.2	6.5
g. 21 drinking age (P) .	204	3.4	.5	.5	5.4	11.8	20.6	57.8	78.4	6.1
2. Moderately effective (50-70%)										
a. Victim assistance (O)	206	2.4	3.4	3.4	15.5	16.5	18.4	40.3	58.7	5.6
b. Lower BAC below .10% (CJ) . . .	209	7.7	3.8	4.3	15.8	12.4	15.3	40.7	56.0	5.3
c. Victim witness services (CJ). . . .	206	2.9	1.9	1.9	18.0	20.9	16.0	38.3	54.3	5.5
d. Citizen watch (CJ). .	209	5.7	1.9	2.4	13.4	26.3	13.9	36.4	50.3	5.4
3. Not particularly effective (<50%)										
a. Rehabilitation of alcoholics (T) . . .	210	4.8	7.1	8.6	17.6	15.7	17.6	28.6	46.2	5.0
b. Limit alcohol availability (P). . .	207	13.5	10.6	7.7	30.4	11.6	10.1	15.9	26.0	4.1
c. Safe rides (P). . . .	208	3.4	3.8	5.3	24.0	18.8	16.3	28.4	44.7	5.1
d. Parent/student contract (P)	209	8.6	9.1	5.7	30.1	22.0	12.9	11.5	24.4	4.3
Other	22	4.5	0.0	0.0	0.0	0.0	9.1	86.4	95.5	6.2

TABLE 21
(Continued)

Other Deterrents Considered Moderately or Very Effective	Frequency (N)	Percent (%)
a. Designated driver	2	9.5
b. Mandatory licenses suspension	3	14.3
c. Passenger liability	1	4.8
d. Victims speak	1	4.8
e. Illegalize happy hours	1	4.8
f. Changing personal attitudes	5	23.8
g. New laws	8	38.1

1. Type is broken into the following categories: criminal justice(CJ) prevention (P), treatment (T), and other (O).

TABLE 22

CORRELATION OF MEASURES OF CHAPTER ACTIVITY EMPHASIS WITH ORGANIZATIONAL AND SOCIO-DEMOGRAPHIC VARIABLES

Activity Emphasis Variables	Number of Members	Number of (unpaid) Workers	Number of Paid Staff	Percent Male Members	Community Population
a. Legislative changes . . .	.05	.09	.09	.27***	.01
b. Victim assistance	.16*	.16*	.23***	.13*	.22***
c. Sobriety road checkpoints	.05	.06	.11	.13*	.10
d. Court monitoring.	.01	.03	.08	.08	.00
e. Information dissemination/education.	.09	.08	.13*	.15*	.12*
f. Referrals to professionals.	-.01	.02	-.09	.16*	.02
g. Established speakers bureau	.09	.10	.13*	.19**	.19**
h. Work in schools	.15*	.16*	.11	.14*	.17**
i. Hot line.	.05	.07	.03	.17*	-.03

*p ≤ .05
**p ≤ .01
***p ≤ .001

TABLE 23

CORRELATION OF SATISFACTION WITH COMMUNITY-ORIENTED PROGRAMS AND MEASURES OF CHAPTER ACTIVITY EMPHASIS

		Chapter Activity Emphasis[1]								
Satisfaction Variables	N	a	b	c	d	e	f	g	h	i
a. Legislative changes . . .	191	.44***								
b. Victim assistance	200		.68***							
c. Sobriety road checkpoints	122			.56***						
d. Court monitoring.	200				.77***					
e. Information dissemination/education.	210					.56***				
f. Referrals to professionals.	150						.45***			
g. Establish speakers bureau	195							.74***		
h. Work in schools	204								.69***	
i. Hot line.	98									.82***

1. Categories of activity emphasis are the same as used for Satisfaction. Category "a" therefore refers to Legislative changes, "b" to Victim assistance, etc.

*** $p \leq .001$

TABLE 24

CORRELATION OF CHAPTER ACTIVITY EMPHASIS AND TWO MEASURES OF MEMBERSHIP MOTIVATION

Activity Emphasis Variables	Victimization Status of Chapter Founder	Percent of Members Who are Victims
a. Legislative changes	-.13*	-.01
b. Victim assistance	-.10	.25***
c. Sobriety road checkpoints . .	.10	.03
d. Court monitoring.	-.08	-.07
e. Information dissemination/education. . .	.08	-.06
f. Referrals to professionals. .	-.06	-.02
g. Establish speakers bureau . .	-.05	-.02
h. Work in schools	-.04	-.01
i. Hot line.	-.06	.15*

* $p \leq .05$
** $p \leq .01$
*** $p \leq .001$

TABLE 25

CORRELATION OF FUTURE CHAPTER PRIORITIES AND TWO MEASURES OF MEMBERSHIP MOTIVATION

Future Chapter Priorities	Victimization Status of Chapter Founder	Percent of Members Who are Victims
a. Legislative changes	.00	.01
b. Victim assistance	-.02	-.06
c. Sobriety road checkpoints . .	-.04	-.07
d. Court monitoring.	.01	.16**
e. Information dissemination/education. . .	-.06	.08
f. Referrals to professionals. .	.02	.01
g. Establish speakers bureau . .	-.14*	-.04
h. Work in schools	-.02	.16*
i. Hot line.	-.08	-.06
j. Fund raising.	-.05	-.01
k. Publicity	-.07	.12*

* $p \leq .05$

TABLE 26

CORRELATION OF MEASURES OF DETERRENCE EFFECTIVENESS AND TWO MEASURES OF MEMBERSHIP MOTIVATION

Deterrence Effectiveness Variables (Type)(1)	Victimization Status of Chapter Founder	Percent of Members Who are Victims
a. Mandatory jail sentences (CJ)	.02	.05
b. Television/public awareness (P)	-.04	-.02
c. Strong legal penalties for drunk drivers (CJ)	-.02	-.05
d. Strict enforcement of current drunk driving laws (CJ)	-.03	-.12*
e. Rehabilitation/treatment of alcoholics (J)	-.01	-.07
f. Limiting availability of alcohol (P)	.04	.05
g. Safe rides program (P)	-.02	.05
h. Contracts between parent/student (P)	.05	.05
i. Court monitoring (CJ)	.03	.04
j. Legislative work/lobbying (O)	-.04	-.07
k. Victim assistance efforts (O)	-.01	-.01
l. Lowering the BAC to less than .10 (CJ)	-.05	.11
m. Information services for victim (e.g. victim/ witness programs) (CJ)	-.12	.02
n. Sobriety checkpoints (CJ)	-.16*	-.03
o. Concerned citizen phone in to police of suspect drunk drivers (CJ)	.01	-.07
p. Peer education and involvement (P)	.00	.05
q. Raising legal drinking age to 21 (P)	-.10	.10

1. Type is broken into the following categories: criminal justice (CJ), prevention (P), treatment (T) and other (O).

* $p \leq .05$

TABLE 27

CORRELATION OF MEASURES OF DETERRENCE EFFECTIVENESS AND INFLUENCE OF AND CONTACT WITH MADD CENTRAL

Deterrence Effectiveness Variables (Type)(1)	Influence of MADD Central	Contact with MADD Central
a. Mandatory jail sentences (CJ)	.06	.08
b. Television/public awareness (P)	.12*	.17**
c. Strong legal penalties for drunk drivers (CJ)	.05	.09
d. Strict enforcement of current drunk driving laws (CJ)	-.03	.10*
e. Rehabilitation/treatment of alcoholics (J)	.08	.19**
f. Limiting availability of alcohol (P)	.04	.04
g. Safe rides program (P)	.13*	.12*
h. Contracts between parent/student (P)	.02	.05
i. Court monitoring (CJ)	-.05	-.03
j. Legislative work/lobbying (O)	.07	-.01
k. Victim assistance efforts (O)	.00	.07
l. Lowering the BAC to less than .10 (CJ)	.10	.08
m. Information services for victim (e.g. victim/ witness programs) (CJ)	.06	-.02
n. Sobriety checkpoints (CJ)	.09	.10
o. Concerned citizen phone in to police of suspect drunk drivers (CJ)	.03	.12*
p. Peer education and involvement (P)	.07	.15*
q. Raising legal drinking age to 21 (P)	.26***	.30***

1. Type is broken into the following categories: criminal justice (CJ), prevention (P), treatment (T) and other (O).

* $p \leq .05$
** $p \leq .01$
*** $p \leq .001$